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FROM	Zurvan Mahamedi
DATE	2005-11-29 02:45:05 GMT
RE	Response to Office Action 10/006,342

COVER MESSAGE

Response to Office Action 10/006,342

Submitted Herewith:

Request for Continued Examination (duplicate) Petition for Extension of Time (one month) (duplicate) Fee Transmittal (duplicate) Amendment Response 15 Pages Replacement Figure and New Figure (2 sheets)

23 Pages total (not including cover)

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PTO/SB/17 (12-04/2)
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Effective	Complete if Known									
Fees pursuant to the Consolidate	Application Number 10/00			3,342						
FEE TRA	Filing Date		November 30, 2001							
For	First Named In	ventor	WONG, Yoon							
Applicant plains ampli or	Examiner Nam	e	TRAN, Henry							
Applicant claims small er	Art Unit		2674							
TOTAL AMOUNT OF PAYME	NT	(\$) 50		Attorney Docke	i No.	PALM-0	370			
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number 50-1914 Deposit Account Name: Shemwell Mahamedi LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
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under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on	PTO-20	38.						· · · · · · · · · · · · · · · · · · ·		
FEE CALCULATION						•				
1. BASIC FILING, SEARCI										
	FILING	FEES Small Entity	SEAR	CH FEES Small Entity	EXAM	OITANI				
Application Type	ee (\$)	Fee (\$)	Fee (\$	Fee (\$)	Fee (Entity (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	10	0			
Design	200	100	100	50	130	6	5			
Plant	200	100	300	150	160	8	0			
Reissue	300	150	500	250	600	30				
Provisional	200	100	0	0	0		0			
2. EXCESS CLAIM FEES			-	•	·		ee (\$)	Small Entity Fee (\$)		
Fee Description Each claim over 20 (including Reissues)								25		
Each independent claim over 3 (including Reissues)							200	100		
Multiple dependent claims							360	180		
							iultiple Dependent Claims			
- 20 or HP = HP = highest number of total class	me pudd	for if greater than 20	_ =			E	ee (\$)	Fee Paid (\$)		
	ms paki tra Cla			Paid (\$)				50		
-3 or HP =		x								
HP = highest number of independ 3. APPLICATION SIZE FEE		ns paid for, if greater t	nan 3.							
If the specification and dra	wings	exceed 100 shee	ts of pap	er (excluding e	lectroni	cally file	d seque	nce or computer		
listings under 37 CFR	1.52(e))), the application	size fee	due is \$250 (\$	125 for					
sheets or fraction there Total Sheets Ex	of. Se tra She	e 35 U.S.C. 41(a)	(1)(G) a	nd 37 CFR 1.1	6(s).	thomas	Ea-	(E) Eon Baid (E)		
- 100 =		/ 50 =	TO BRC	additional 50 o			Fee	(\$) <u>Fee Paid (\$)</u>		
4. OTHER FEE(S)				•		•		Fees Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge):										
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<u> </u>	V V		الم	Attorney/Agent) 42	2,828			ne (408) 551-6832		
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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